## STATE OF NEW HAMPSHIRE

## 2017 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

RECEIVED

PLEASE PRINT

OCT 18 2017

I. Name of Lobbyist(s)	Sheila M. Vargas			NEW HAMPSHIRE
II. Name of lobbyist's partnership, firm or corporation, if any:				DEPARTMENT OF STATE
(Name of	f partnership, firm or corporati	on)	The Manufacture of the Control of th	1 174
Business Address: (Street)	s Address: (Street) (Town/City)		(State)	(Zip Code)
(Telephone)	( )	(Fax)	e-mail	
	s: (Choose one – file separ actions which are not attr			ay file a separate report for
All reportable transact	ions occurring in the month	s prior to the re	porting date relative to t	he following client:
New Futures, Inc				
	ull Name of Client as it appear	rs on the Lobbyis	t Registration Form)	
OR  All reportable transacti unrelated to any particular		ing the lobbyist	's family), or the lobbyin	g firm listed below which are
	April 26, 2017   y from date of registration to 3/31/17		July 26, 2017	
	October 25, 2017 <b>V</b> wity from 7/1/17 to 9/30/17	a	January 31, 2018 [] Aivity from 10/1/17 to 12/3	1/17
	fees received and no re plete just this form and sub			
VI. Check if additional r	eports are attached:			
	ees or made expenditures, y	ou must file A	ddendum A– Fees and F	Expenses
☐ If you have paid an ho Expense Reimbursement	onorarium or reimbursed ex	penses, you mu	st file Addendum B-Re	eport of Honorariums or
☐ If you, your firm, or y	our family has made politic	cal contribution	s, you must file Addend	um C-Political Contributions
	ation by Lobbyist 15-B, RSA 14-C and RSA Imy knowledge and belief.		swear or affirm that the $\frac{10/3}{10}$	foregoing information is true  7  ate)